APPENDIX A-2:
Data Abstraction Tool: Cesarean Birth, NTSV (MAT-4)

INSTRUCTIONS: Hospitals must refer to the appropriate version of data dictionary for abstraction guidelines that apply to this measure. Updated text throughout this tool is marked by the use of the *Emphasis* font style. The capital letters in parenthesis represents the field name that corresponds to the data element name.

1. Provider Name (PROVNAME) _____

2. Provider ID (PROVIDER-ID) _____ (AlphaNumeric)

3. First Name (FIRST-NAME) _____

4. Last Name (LAST-NAME) _____

5. Birthdate (BIRTHDATE) ___ ___ -___ ___ - ___ ___ ___ ___

6. Sex (SEX)

    ☐ Female
    ☐ Male
    ☐ Unknown

7. Race Code - (MHRACE) (Select One Option)

    ☐ R1 American Indian or Alaska Native
    ☐ R2 Asian
    ☐ R3 Black/African American
    ☐ R4 Native Hawaiian or other Pacific Islander
    ☐ R5 White
    ☐ R9 Other Race
    ☐ UNKNOW Unknown/not specified

8. Hispanic Indicator- (ETHNIC)

    ☐ Yes
    ☐ No

9. Patient ID (i.e. Medical Record Number) (PATIENT-ID) __ __ __ __ __ __ __ __ __ __ (Alpha/Numeric)

10. Admission Date (ADMIT-DATE)   ___ ___-___ ___-___ ___ ___ ___

11. Discharge Date (DISCHARGE-DATE)   ___ ___-___ ___-___ ___ ___ ___

12. What was the patient's discharge disposition on the day of discharge? (DISCHARGDISP)

(Select One Option)

☐ 01 = Home

☐ 02 = Hospice- Home

☐ 03 = Hospice- Health Care Facility

☐ 04 = Acute Care Facility

☐ 05 = Other Health Care Facility

☐ 06 = Expired

☐ 07 = Left Against Medical Advice / AMA

☐ 08 = Not Documented or Unable to Determine (UTD)

13. What is the patient's primary source of Medicaid payment for care provided? (PMTSRCE)

☐ 103 — Medicaid: Includes MassHealth FFS and MassHealth Limited

☐ 104 — Medicaid: Primary Care Clinician (PCC) Plan

☐ 208 — Medicaid Managed Care – Boston Medical Center HealthNet Plan

☐ 116, 274 — Medicaid Managed Care – Tufts Health Together Plan

☐ 118 — Medicaid Mental Health & Substance Abuse Plan - Mass Behavioral Health Partnership

☐ 119 — Medicaid Managed Care - Other (not listed elsewhere)

☐ 312 — Medicaid: Fallon 365 Care (ACO)

☐ 313 — Medicaid: Be Healthy Partnership with Health New England (ACO)

☐ 314 — Medicaid: Berkshire Fallon Health Collaborative (ACO)

☐ 315 — Medicaid: BMC HealthNet Plan Community Alliance (ACO)

☐ 316 — Medicaid: BMC HealthNet Plan Mercy Alliance (ACO)

☐ 317 — Medicaid: BMC HealthNet Plan Signature Alliance (ACO)

☐ 318 — Medicaid: BMC HealthNet Plan Southcoast Alliance (ACO)

☐ 321 — Medicaid: My Care Family with Allways Health Partners (ACO)

☐ 324 — Medicaid: Tufts Health Together with Atrius Health (ACO)

☐ 325 — Medicaid: Tufts Health Together with BIDCO (ACO)

☐ 326 — Medicaid: Tufts Health Together with Boston Children's (ACO)

☐ 327 — Medicaid: Tufts Health Together with CHA (ACO)

☐ 328 — Medicaid: Wellforce Care Plan (ACO)

☐ 320 — Medicaid: Community Care Cooperative (ACO)

☐ 322 — Medicaid: Partners Healthcare Choice (ACO)

☐ 323 — Medicaid: Steward Health Choice (ACO)

☐ 311 — Medicaid: Other ACO

14. What is the patient's MassHealth Member ID? (MHRIDNO)

_____

(All alpha characters must be upper case)

15. ICD-10-CM Principal or Other Diagnosis Codes (Table 11.09)

    ☐ At least one on Table 11.09 (Review Ends)

    ☐ None on Table 11.09

16. ICD-10-CM Principal or Other Diagnosis Codes (Table 11.08)

    ☐ None on Table 11.08 (Review Ends)

    ☐ At least one on Table 11.08

17. How many weeks of gestation were completed at the time of delivery? (GESTAGE)

    Weeks: ___ ___
    (in completed weeks; do not round up)(enter 2 digit numeric value with no leading 0, or UTD)

    UTD ____ (if UTD or if gestational age is <37 weeks, Review Ends)

18. Did the patient experience a live birth prior to the current hospitalization? (NUMPLB)

    ☐ Yes (Review Ends)

    ☐ No

19. ICD-10-PCS Principal or Other Procedure Codes (Table 11.06)

    ☐ None on Table 11.06

    ☐ At least one on Table 11.06